

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type::	Regular
Subject Matter::	Utility
Title::	Emulator Device
Attorney Docket Number::	100/10010
Request for Early Publication?::	No
Request for Non-Publication?::	Yes
Total Drawing Sheets ::	12
Small Entity?::	No
Petition included?::	No

APPLICANT INFORMATION

Applicant Authority Type::	Inventor
Primary Citizenship Country::	USA
Status:	Full Capacity
Given Name::	Anne
Middle Name::	R.
Family Name::	Kopf-Sill
City of Residence::	Portola Valley
State or Province of Residence::	CA
Country of Residence::	USA
Street of mailing address::	30 Minoca Road
City of mailing address::	Portola Valley
State or Province of mailing address::	CA
Postal or Zip Code of mailing address::	94028

Applicant Authority Type::	Inventor
Primary Citizenship Country::	USA
Status:	Full Capacity
Given Name::	Andrea
Middle Name::	W.
Family Name::	Chow
City of Residence::	Los Altos
State or Province of Residence::	CA
Country of Residence::	USA
Street of mailing address::	670 Cuesta Drive
City of mailing address::	Los Altos
State or Province of mailing address::	CA
Postal or Zip Code of mailing address::	94024

Applicant Authority Type:: Inventor
 Primary Citizenship Country:: USA
 Status: Full Capacity
 Given Name:: Michael
 Family Name:: Spaid
 City of Residence:: Sunnyvale
 State or Province of Residence:: CA
 Country of Residence:: USA
 Street of mailing address:: 693 Arbutus Avenue
 City of mailing address:: Sunnyvale
 State or Province of mailing address:: CA
 Postal or Zip Code of mailing address:: 94086

Applicant Authority Type:: Inventor
 Primary Citizenship Country:: USA
 Status: Full Capacity
 Given Name:: J.
 Middle Name:: Wallace
 Family Name:: Parce
 City of Residence:: Palo Alto
 State or Province of Residence:: CA
 Country of Residence:: USA
 Street of mailing address:: 754 Los Robles Avenue
 City of mailing address:: Palo Alto
 State or Province of mailing address:: CA
 Postal or Zip Code of mailing address:: 94306

CORRESPONDENCE INFORMATION

Correspondence Customer Number :: 021569
 Phone number:: (650) 623-0700
 Fax number:: (650) 623-0500
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REPRESENTATIVE INFORMATION

Representative Customer Number :: 021569

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date
This application is	non-provisional of	60/262,010	01/16/01

ASSIGNEE INFORMATION

Assignee name::	Caliper Technologies Corp.
Street of mailing address::	605 Fairchild Drive
City of mailing address::	Mountain View
State or Province of mailing address::	CA
Postal or Zip Code of mailing address::	94043